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ORIGINAL DEPARTMENT.

Communications.

ON THE DANGERS OF INJUDICIOUS EXTENSION OF THE LOWER EXTREMITIES, AND THE MEANS FOR THEIR PREVENTION.

By BENJAMIN LEE, M. D.,

Of Philadelphia.

It is a lamentable fact, that no new operation, mode of treatment, or appliance, has ever been brought before the profession, which, however successful in the hands of its propounder or inventor, has not been the means of more or less injury from its injudicious or unskilful use by those who fail fully to appreciate all the elements of the problem involved, or are careless in the details of the practical application of the remedy. And usually, the more complete the success of the treatment in intelligent hands, the greater will be the amount of injury which it may produce under incompetent direction, simply because a means which is sufficiently powerful to benefit when properly applied, is also powerful enough to harm when misdirected. This is emphatically true in regard to the mechanical treatment of disease of the hip-joint by extension and counter-extension.

The first danger to which I desire to call attention, is that of elongating the ligaments of the knee-joint by an improper application of the extending force. Few practitioners who have not made the trial, are aware of the amount of force which must be employed in order satisfactorily to overcome the spasmodic contraction of the powerful masses of muscle which flex and adduct the thigh, and thus to relieve the acetabulum from the destructive pressure of the head of the femur. Even in the treatment of children, in making use of the weight and pulley, twelve pounds of traction is rarely more than is required. Now a traction of this power, sufficient to overcome the morbid contractions about a diseased joint, if applied for a long period to a

healthy joint, whose ligaments are not protected by abnormal muscular action, must inevitably induce an elongation and relaxation of those ligaments.

The ease with which the fibrous structures about a joint, inelastic as they appear, yield to long continued force, is amply exemplified by the results of hydrarthrosis. And, indeed, the condition of a joint which has been injured by misapplied extension is well represented by that of one which has long been the seat of serous effusion.

It follows from this, that great caution should be used in applying extension to a diseased joint, not to include within the range of our force a healthy joint. But this is exactly what is too often done. Counter-extension is applied at the hip, and extension below the knee. Thus the force employed is equally expended, (not on the two joints, for the hip is protected by the very condition which makes this method of treatment necessary,) but upon the contracted muscles about one, and the ligaments of the other. The hip is in this way deprived of the benefit of the extension to just the extent that the knee gives way, thus protracting the necessary period of treatment, while the knee itself sustains an injury from which it may never recover. That this danger is not a fancied one, the following case attests.

Case. M. H., *æt.* 11 years, came under my care during the winter of 1864. She had developed morbus coxarius about eighteen months before. The disease had been early recognized by her physician, a surgeon of well deserved fame. She had been placed on her back, and counter-extension made with the weight and pulley during a period of some eight months. At the end of this time her hip was pronounced cured, and she was allowed to walk. This she did with difficulty. Nor did her gait improve with time and exercise. Supposing the difficulty of locomotion to depend on a certain amount of rigidity about the hip-joint, the "localized movements" were suggested by her attendant, as a means of overcoming this condition.

Upon examination, it was found that the hip-

joint had to a considerable extent recovered its mobility, and gave no evidence whatever of any lurking remnant of inflammatory action. There certainly was not enough rigidity in it to account for the awkwardness of her gait, and the exertion and fatigue which walking cost her.

Glancing farther down the limb, the knee proved to be in a state of extreme relaxation; so much so, that when she bore her weight upon it, it bent backward at a very considerable angle. When thus displaced, she was unable, by the direct action of the appropriate muscles, to bring it into the natural position. As this state of things necessarily occurred with every step in walking, she was obliged to throw the leg forward, very much as if it were partially paralyzed.

In addition to this posterior deformity, the joint yielded inward to a very considerable extent. There was no history of inflammation of the knee, or of passive effusion, and its condition seemed an enigma, until it appeared, on inquiry, that the adhesive straps, by means of which the extension was made, were not carried above the knee. No further explanation was necessary. Apparatus was then applied, which gave support to this joint, and prevented it from locking by bringing the centre of equilibrium of the body in front of its own centre, and locomotion immediately became more natural and less painful. Although it is scarcely to be hoped that the joint will ever entirely regain its integrity, the patient now walks with a tolerable degree of ease and freedom.

When visiting one of the first hospitals in Boston some years since, I was greatly surprised to see the same error perpetrated in its wards. A case recently admitted, was pointed out to me with some pride as an evidence of the enlightened manner in which hip disease was treated there, in which the extensile force was attached entirely below the knee.

But it is not only in the weight and pulley system that this danger is encountered. The instrument makers in this city sell an apparatus which they designate as "PANCOAST'S Splint." It consists essentially of SARRE'S modification of DAVIS'S splint, attached at its lower extremity to a shoe, instead of to the adhesive plaster of DAVIS. By this contrivance both the ankle and knee-joints are made to bear the traction which should fall on the contracted muscles of the superior femoral region. Only its inefficiency has saved this instrument from doing most serious injury to the knee of the wearer. This inefficiency results from three causes.

1st. The difficulty of making the shoe sufficiently tight about the ankle to prevent the foot from working up, when the shoe is forced directly down.

2d. The inadequacy of elastic counter-extension, coupled with the character of the elastic material commonly used for this purpose, which in a very little while entirely loses its elasticity, stretching out to almost half again its original length.

3d. The entire incompetency of the patient's friends to manage an instrument which, like any form of hip-splint, requires constant, careful, and skilful oversight—in short, professional attention—the fact being, however, that the splint once applied by the instrument maker, he very properly considers his duty ended with the sale, and sees no more of it until it is returned, broken or *outgrown*, for repairs.

Another mistaken and injurious use of extension results from faulty diagnosis. It appears to be a fact not generally recognized, that caries of the vertebræ is often ushered in by a contraction of one limb, very closely simulating that occurring at the outset of inflammation of the hip joint. Such cases are extremely puzzling, and often require great nicety of discrimination. The patient walks with the heel of one side slightly elevated, the pelvis somewhat oblique, and the gait almost precisely that of the disease last mentioned. We shall be assisted in solving the problem,

1st. By the history of the case. Any account of accident which the patient may have suffered from, should be listened to attentively, and due weight given it.

2d. By the accompanying symptoms. In both diseases we shall meet with starting pains at night. But in the case of the spinal affection these will be referred to the stomach or bowels, while in the case of the hip disease, they will be referred to the inner side of the knee-joint or of the thigh. If the spine is the seat of inflammation, pain will be more apt to be felt during the day as well; and will often follow the prehension of food. Respiration will be more or less labored: and on rising in the morning, the entire spine will be somewhat bowed and quite rigid.

3d. By the muscles which contract and the consequent character of the deformity. In disease of the hip-joint, during the first stage, the muscles which are thrown into spastic contraction are, in nineteen cases out of twenty, the *rotators* with the *rectus femoris*. The result of their combined action is to slightly flex and evert the thigh. As a consequence of this, we shall, of

course, have the toes of this side thrown out. In spinal inflammation, the muscle, principally if not solely affected, is the *psaos magnus*, which, having its attachment on the inner side of the thigh, has the effect of *inverting* the toes of the corresponding side. This latter distinction may be relied on with a considerable degree of certainty.

It is not always, however, that the contraction of the lower extremity in spinal disease is subjected to extension in consequence of a failure to appreciate the true character of the disease. It sometimes happens that even after the disease of the spine is amply declared by deformity, the physician will apply the weight and pulley to the contracted limb. Such a course indicates a failure to appreciate the true object of extension in joint disease, viz., the relief of the inflamed or ulcerated articular surfaces from the abnormal, grinding, destructive pressure, resulting from the muscular spasm. The flexion or adduction of the thigh produces no such effect upon the vertebral surfaces, *because the femur has no articular relation with those surfaces as it has with the acetabulum*. Supposing, therefore, that we could stretch out the *psaos* as we can the *rectus*, by means of a weight attached, we should effect nothing as far as the spinal affection is concerned. We should stretch the *psaos*—*c'est tout*. We should give no relief to the ulcerated vertebrae. But is it possible to stretch the *psaos* by this method? Evidently not, and for this reason. When we desire to extend the leg, we are able to elongate the femoral muscles, because we can apply our counter-extending force to the pelvis from which those muscles take their origin. But how shall we apply our counter extending apparatus to the spine at the origin of the *psaos*. It cannot be done, and just here is the liability to injury. Either the focus of inflammation in the spine is above or below the insertion of this muscle into the anterior aspect of the vertebrae. If the contraction is considerable, in the majority of cases it will be below. This being the case, the effect of traction on the shortened muscle will simply be to increase the spinal deformity, aggravate the inflammation, and hasten the disintegration of the carious bone, by dragging down the superior diseased vertebra or vertebrae, forcibly upon those beneath. The curved spine will yield more readily than the contracted muscle. The true way to overcome this contraction, is to relieve the pressure upon the diseased vertebrae, by support intelligently applied to the extremities of the spinal column from behind, and thus

put an end to the irritation which excites it. I have never failed to see it yield steadily, though gradually, when I had succeeded in giving efficient support to the spine at the seat of the ulcerative action.

A third error in the use of extension in hip disease consists in permitting too free use of the limb after the splint has been applied. Not because motion through the joint, if properly protected, is injurious, but because the weight of the body coming directly upon the lower extremity of the limb cannot fail to transmit a shock to the joint at its upper extremity. Even if the splint be so carefully applied that this shock is at first borne entirely by the counter-extending band, a frequent repetition of it will in a very short time overcome the efficiency of the latter, and long before the patient is again seen by the surgeon all protection of the joint will have ceased. As long as there is evidence of active disease in the joint, if any one of the ordinary forms of apparatus be employed, the patient should be enjoined to go upon crutches,—and to abstain almost entirely from bearing his weight on the limb. His own weight will thus assist the counter-extension. This end will be still farther gained by putting a cork sole on the shoe of the well foot. A most important modification of the splint has, however, recently been made by Dr. CHARLES F. TAYLOR, of New York, which does away with this necessity. It, in effect, combines the splint and the crutch in one apparatus worn upon the person. It consists of a ratchet splint, attached at its upper extremity to a hip band which is provided with two perineal straps in place of one as usual. This second perineal strap gives us control over the lateral action of the splint in opposing the adductors. Its lower extremity instead of terminating just above the knee or between the knee and ankle, passes down to the level of the sole and then bends at a right angle, passing underneath it by a flattened and fenestrated prolongation. Through these fenestræ passes the strap of webbing, or soft leather, which is buckled to the adhesive straps which are carried down to a point a little above the ankle on both sides of the limb, and reach above, of course, as nearly as possible to the level of the hip joint. The perineal straps being drawn sufficiently tight to bring the joint of the splint opposite the hip joint, and such extension then being made as to produce an appreciable interspace between the sole and the horizontal extremity of the splint, we then have the limb suspended between the two extremities of the instrument. If now the patient attempts to walk

the foot does not touch the floor; the weight is borne by the extremity of the splint which rests on the floor in its stead, and transmitted directly to the perineal strap, which performs the double function of a counter-extending band and a crutch, having its bearing against the pelvis instead of the axilla. An ordinary shoe can be worn over the apparatus, which it thus entirely conceals. After the first sensation of awkwardness is overcome (and this will be materially expedited, if the diseased limb is not much

shortened, by adopting the plan mentioned in speaking of the use of the crutch, namely, increasing the thickness of the sole on the well

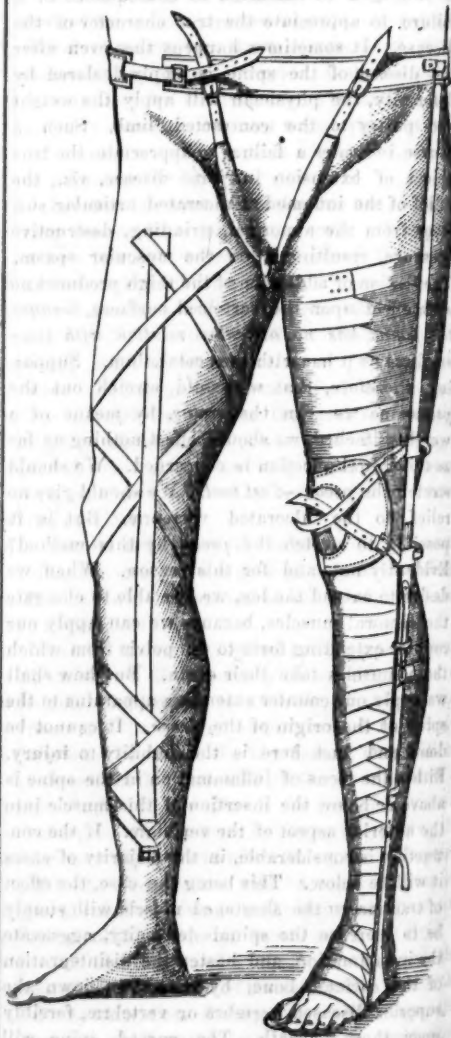
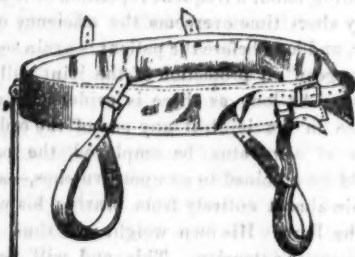
FIG. 2.

The Splint is shown applied on the left leg. On the right leg is indicated the mode of applying the adhesive plaster to the best advantage.

Three strips are fastened to a buckle—one straight, the two others at an angle of 45° . The oblique strips are carried specially around the limb, both beneath and over the straight strip.

FIG. 1.

The Hip Splint, as modified by Dr. CHARLES F. TAYLOR, of New York.



side,) the patient walks with surprising ease and fearlessness.

I may state, in conclusion, that the Jury of the French Exposition, to whom was referred

the subject of Surgical Appliances, were emphatic in their commendation of this instrument, as well as of all the orthopædic apparatus exhibited by Dr. TAYLOR. Among British surgeons, Mr. PAGER has pronounced it "the best instrument he ever saw for any purpose, answering the indications more fully than any other contrivance," and Mr. WILLIAM ADAMS, Mr. BRODRHURST, and other eminent orthopedists, have adopted it in their own practice. (I append an illustration, showing the apparatus and its mode of application. Dr. TAYLOR has published a cut of it in the *N. Y. Medical Record*, but it displays nothing of the detail of its construction, and besides has not perhaps met the eye of many of the subscribers to the REPORTER.)

1503 Spruce St., Phila., Oct. 1, 1868.

A CASE OF COMPOUND COMMINUTED FRACTURE OF THE HUMERUS—RAILWAY INJURY—AMPUTATION AT THE SHOULDER—RECOVERY.

By WM. F. BUCHANAN, M. D.,

Captain and Assistant Surgeon, U. S. A.

Private A. T., Co. E, 38th N. Y. Infantry. (colored) belonging to troops stationed as guard along the line of the Union Pacific Railway, near Sheridan, Kansas, was standing on the platform of the cars, going westward, about 9, P. M., Oct. 15th, 1868; it being dark, he was leaning over the side in order to recognize his station and get off, when his foot slipped, he lost his hold, and as he states, in order to save himself, jumped—the cars being in rapid motion at the time. He then fell down an embankment of twenty or twenty-five feet, producing a compound comminuted fracture of the left humerus. I first saw the patient about 6, P. M., on the ensuing day. He had lost considerable blood; pulse at wrist of right arm small, feeble, but regular; suffering much pain; there was an internal and an external wound of the soft parts of the upper third of the arm, through which, patient states, two pieces of bone, about two inches in length each, had been lost, and through which the finger could detect the comminuted humerus; the little finger of same extremity was torn off, nothing remaining but a few shreds of the soft tissues, and a brass ring, with its two sides flattened together; no pulse at the wrist; no circulation could be detected below the seat of injury, with a total paralysis of the nerves of sensation and motion in that extremity; severe pain existed at and above the seat of injury; slight venous hæmorrhage; patient was comfortably arranged in bed; precautions taken

against the occurrence of hæmorrhage during the night, and one-half grain sulph. morphiae given.

Oct. 17th. Patient rested tolerably well during the night; pulse somewhat stronger. He was brought under the influence of anesthetics, the wounds of the soft parts enlarged, and a thorough examination made; the shaft of the humerus was found extensively comminuted for about six inches, and longitudinal fissures extending toward each extremity of the bone, in the upper portion, nearly to its tuberosity, and it was thought, probably into the articulation; the soft parts much lacerated. I concluded that prompt amputation by disarticulation was the only proper operation in the case, and though the pulse was rather weak, delay would only place the patient's life in further jeopardy; the patient being full-chested and high-shouldered, the subclavian artery could not be satisfactorily compressed above the clavicle, besides having no assistant to whom I could entrust compression with the key; therefore the tourniquet was applied over the axillary artery, and kept in place by an assistant, the screw of the tourniquet being placed over the superior border of the scapula; and retained in situ by a tape passed around the screw, over the anterior and posterior part of chest, and fastened in the right axilla. I commenced my incision immediately below the point of the acromion process, carrying it down through the belly of the deltoid muscle about three inches, thence making a curve around the extremity of the humerus externally to the axilla, making a similar flap on the internal side, and disarticulating according to the operation of Baron LARREY: the axillary artery was ligated, and after the cessation of a little venous oozing, the flaps were brought together and united by the interrupted suture; not more than one ounce of blood was lost during the operation. After the patient had regained his consciousness, he was given *pts. vini gallici, f. 3ss.*, and shortly afterward one-half grain sulph. morphia; a pledget of oiled lint had been left to protrude from the flaps, to facilitate the discharge of blood and prevent the accumulation of fluids within the flaps.

On dissection of the amputated arm, it was found very pale throughout, entirely void of blood; the soft parts much confused and lacerated at seat of injury; the brachial artery contused, of dark color, and filled by firm clot for about two inches, and the brachial veins cut across; the humerus was extensively comminuted, and a fracture extended to the neck of the bone.

Oct. 18th. Good reaction; patient slept most

of the night; pulse fair; no pain in shoulder. A tolerably generous diet was allowed—toast, tea, corn starch, and beef essence.

Oct. 19th. Condition good; pulse full and strong, somewhat increased in frequency; commencement of suppuration in the latter part of the day.

Oct. 20th. Pulse not quite so full as yesterday; suppuration increasing; appetite good; bowels not moved; ordered soda et potass. tart., ʒss.

Oct. 21st. Suppuration increased, healthy; bowels not yet moved. R. Ol. ricini, fʒj.; warm water dressing.

Oct. 23d. Continues to do well; has little cough; ordered tr. opii camph.

Nov. 4th. Patient has continued to do well; is now somewhat restless at night; ordered one-fourth grain sulph. morphia at night, with brandy punch three times daily.

Nov. 11th. R. Hydrarg. chlor. mitis, gr. j., pulv. rhei, gr. xij. M. S. At once.

Nov. 14th. Omit punch.

Dec. 6th. Small flaxseed poultice to be applied to lower portion of shoulder, to promote granulation, it being a little tardy at that point.

Dec. 16th. Complains of occasional pain in back of shoulder; R. Tr. opii and tr. camph., ʒʒ fʒj. M. Apply. Small poultices were continued until complete granulation and cicatrization, being found to promote that process much better than the warm water dressings or simple cerate, the latter, tried for a few days, appeared to increase the suppuration and waste of tissues.

Dec. 24th. Patient has entirely recovered, with a good round shoulder.

WOUND OF THE BRAIN FOLLOWED BY RECOVERY.

By FRED. HORNER, JR., M. D.,

Of Virginia.

During the year 1864, Harrison, a soldier, while stationed behind the breastworks in the valley of the Shenandoah, was struck by the musket ball of a sharpshooter, three lines beyond the centre of the os frontis. The ball passed through a portion of the substance of the brain, and came out at the orbit of the right eye. The brother of the writer was at his side, and assisted to carry the wounded man from the field. Harrison became unconscious after the injury, and remained so from Tuesday until Friday morning. While in the ambulance a large quantity of brain cells was recognized escaping from the wound. Surgeon Miller, who was in charge pronounced the case to be hope-

less, and for three weeks did little for the patient. The latter declared that he did not feel as if he should die, and begged for the usual treatment to be pursued for his relief. For three weeks he received only simple treatment. He was sent home to die. Five months after his return I saw him; the discharge from his wound was enormous—this consisted of pus and of whitish cellular particles—which oozed from the cavity of the cranium involving the middle convolution of the anterior lobe of the left hemisphere. The os frontis was perforated by a circular orifice. The ball of the eye had sloughed during the process of ulceration—leaving in the cavity of the socket a reddish sore of small size.

The patient is a young man and is now in robust health. He is remarkably exempt from headaches and is well, with the exception of a small sore at the point of exit of the musket ball.

The chief interest of this case is that the brain was severely injured, and that portion of it lost, which eminent pathologists in Europe and this country deem essential to the integrity of the faculty of speech, viz., the middle anterior convolution. In this example, second only in point of violence to Dr. JOHN M. HARLOW'S, in which an iron bar is reported to have pierced the cortical substance of the brain, the patient has escaped cerebral hæmorrhage and wound of the longitudinal sinus, has had no aphonia or dysphagia, no loss of memory, reasons correctly, judgment unimpaired, and at the present time is a prosperous farmer in the state of Virginia.

Dr. Gross, "Gunshot injuries of the Skull," refers the above to the third class. He says: "Gunshot injuries of the orbiter plate of the frontal bone, experience has shown, destroys life by the violence which it inflicts, the patient dying either on the spot from shock and hæmorrhage, or within a few days after the accident from the inflammation. The eye is often totally annihilated. In other cases it is so severely wounded as to be destroyed by the resulting inflammation." Dr. FORBES WINSLOW "On the Brain and Mind" in a note says that "we ought not to expect the same phenomena to result from tearing of the brain, as from injury done to the nerves. The function of the latter is to transmit sensation, that of the former is higher, and this is inferred from its being insensible."

CARPENTER in his principles of Human Physiology, says: "The cerebrum being the seat of the intelligence, a sudden lesion of the organ, so trifling as to escape observation, will occasion very severe symptoms."

Harrison, at the expiration now of five years,

shows no abnormal symptoms—in this respect presents a more favorable case than Dr. Hallow's patient, whose "intellectual faculties were impaired but not totally lost, nothing like dementia, but they were enfeebled in their manifestations. His recovery was quite complete during the four years immediately succeeding the injury, but we learn from the sequel that ultimately the patient probably succumbed to progressive disease of the brain.

I shall watch the progress of Harrison's case, to discover any signs of softening, dementia, or insanity.

CASE OF POISONING WITH OPIUM.

By P. J. FARNSWORTH, M. D.,

Of Clinton, Iowa.

A distressing case of poisoning with opium occurred in this place December 13. A very estimable young man, a book keeper, feeling unwell went into a drug store; and asked for a dose of *Turkey rhubarb*. The clerk gave it to him, remarking that there was enough for two doses. He went home, took some warm drink, poured about two thirds of the powder upon some jelly, and swallowed it, and went to bed about 9 o'clock in the evening. He very soon became feverish and restless, and complained of severe headache, was drowsy and talked of his business, cast up columns of figures, and started up at any noise. About twelve he remarked to his wife that his head was splitting with pain; she put cold water on it, and wished to send for a physician; he objected, saying that he would undoubtedly be better in the morning.

About three o'clock he seemed fully awake, said he felt much better, conversed about several things, and talked of some plans for the next day, and said he could go to sleep now. He seemed to drop off to sleep quietly, and his wife also went to sleep. In a few minutes she was aroused by his loud breathing, and roused herself up to find him in a convulsion; his hands clenched, and his teeth firmly set. She made an immediate alarm and I was sent for, and reached there about 4 o'clock A. M. The convulsion had passed off, he was breathing stertorously, the muscles were relaxed, the countenance was livid, the pulse full and hard. I concluded that it was an apoplectic attack. In a few minutes another physician came, who coincided with me, and proposed as a measure of relief to bleed him; this we did, which seemed to relieve the circulation to some extent. We noticed that the pupils were contracted; he breathed convulsively for

ten times in a minute; then did not breathe for a minute. His wife casually remarked that he had taken powdered rhubarb, and brought out the remaining part of the powder which, we immediately recognized as powdered opium, we judged he must have taken thirty grains. We immediately then tried to arouse him. It was seven or eight hours after the powder had been taken, too late to use a stomach pump or emetics, we gave him fluid extract of belladonna, and tried without avail to find atropia to use subcutaneously. We used galvanism, but all seemed of no use. The intervals of breathing became further and further apart, until he ceased breathing about 8 A. M. The pupils dilated widely, just before he stopped breathing, and we hoped we had effected something by our remedies. It was probable, however, that it was only the final relaxation of death.

There seems to be something unusual in this manner of dying from opium. There was no sound sleep after taking the drug. The man was wide awake and rational at three o'clock, six hours after taking the dose. He became easy then, and fell off into a sleep, and immediately went into a convulsion. When first seen he had the same breathing and look and pulse that I have several times seen in apoplectic attacks. The brain seemed overpowered by a shock, and there were few symptoms of opium poisoning, even when we were certain of the cause.

No post-mortem was allowed: It suggests itself to me that after all it was of the nature of apoplexy, that caused death. The brain had been overworked; the first effect of opium is a stimulant, the stimulant effect of so large a quantity of opium excited the brain still more, and the pressure became so great that effusion or hemorrhage took place before it exerted its stupefying effects.

It was a piece of criminal heedlessness on the part of the druggist. The man asked for *Turkey rhubarb*; he took down a bottle labeled *Turkey opium* and poured it out. The man who took the dose was so little accustomed to medicine that he did not know the difference. Whenever we ask for any enactments by our legislators to regulate the selling or dispensing medicine, violent opposition ensues, yet how many valuable lives are yearly sacrificed by ignorant quacks and incompetent druggists.

— Mr. JOHN HALLIDAY of Lynn, Massachusetts, it is stated, has discovered a method of manufacturing hard rubber for the use of dentists, without mercury, in any of its forms, thus guarding against pyalism, soreness of the gums, offensiveness of breath, and other symptoms following the use of red oxide of mercury.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a stated meeting of this Society, held at the Hall of the College of Physicians on the 20th inst., the following Officers and Delegates were elected:

President—Dr. W. L. KNIGHT.

Vice-Presidents—Drs. W. L. ATLEE and L. S. SOMERS.

Recording Secretary—Dr. W. B. ATKINSON.

Assistant Secretary—Dr. L. S. BOLLES.

Corresponding Secretary—Dr. H. Y. EVANS.

Treasurer—Dr. W. M. WELCH.

Censor—Dr. ALFRED STILLÉ.

Delegates to the American Medical Association.

Drs. W. L. Atlee, John Bell, Robert Burns, David Burpee, Levi Curtis, T. M. Drysdale, I. S. Eshleman, W. S. Frick, Jacob Huckel, N. L. Hatfield, Geo. Hamilton, C. W. Hornor, J. F. Lamb, Benjamin Lee, W. B. Lane, Wm. Mayberry, Andrew Nebinger, and S. R. Skillern.

Delegates to the Medical Society of the State of Pennsylvania.

Drs. H. St. Clair Ash, James Ash, C. S. Boker, Wm. H. Bunn, L. S. Bolles, J. Cumiskey, R. J. Duglison, H. Y. Evans, Emil Fischer, S. D. Gross, A. W. Griffiths, W. Goodell, Thos. Hay, L. D. Harlow, A. G. B. Hinkle, E. C. Hine, W. L. Knight, H. Leaman, A. Nebinger, J. Aitken Meigs, H. Lenox Hodge, J. Cheston Morris, W. B. Lane, W. C. Phelps, Benj. Phister, John G. Stetler, L. S. Somers, Winthrop Sargent, C. R. Prall, L. Turnbull, E. B. Vandyke, W. M. Welch, C. F. Wittig, Jacob H. Wehner, W. Lehman Wells, W. Ralston Wells, and T. J. Yarrow.

Ex-officio delegates to State Society—Drs. Wm. B. Atkinson, A. H. Fish, and Wm. Mayberry.

The Inaugural Address of the President elect is published by request of the Society.

GENTLEMEN of the Philadelphia County Medical Society:

I return you my warmest thanks for the honor you have just conferred upon me. It was unsought, unexpected, and unmerited. I owe it entirely to your kindly feelings of partiality toward me, which I beg leave to say, is felt and appreciated.

Esteeming myself one of the humblest members of this body, and elected to this chair, clothed as it is with the respectability of great names, you can easily understand my feelings of

solicitude, as well as satisfaction, in accepting its honors and responsibilities.

It is twenty years to-night since the organization of this Society. The object of its formation, its labors and achievements, form a topic that might be invested with interest.

The organization of the profession not only of the City and County of Philadelphia, but the organization of the State Medical Society of Pennsylvania, owes much of its success to some of the members here, and I hope a suitable recognition awaits them for long years of active and untiring labors in its behalf. This Society has exerted great influence upon ethics, upon public as well as domestic hygiene. The great movement of sanitary reform, and for more enlightened laws of quarantine for our country, had their origin here. Every person of thought and observation understands how profoundly, how widely, and how thoroughly it has influenced the interests of the profession, and the great interests of humanity. But my object is not its eulogy. I feel it my duty on the present occasion, to speak of its deficiencies and wants. I allude to the want of a Library and Museum. In this Hall, a few evenings since, in conversation with a gentleman, for whose wisdom and learning we all have the highest respect, he spoke of the importance to this Society of a large Library and Museum. To the seven hundred physicians of the city and county of Philadelphia it should be a matter of the deepest interest; and it would unite and be a bond of sympathy and interest to a great majority of our profession. Every physician, whether of lofty or of little scholarship, feels the want of books beyond his own limited library; and it is hoped that a movement will be at once inaugurated for a Library worthy of the profession of Philadelphia.

No doubt many of you were present, and remember the very interesting and eloquent lecture at our December meeting, on the osseous union of intra capsular fractures of the cervix femoris, with a specimen shown, that must be of the greatest interest to the physiologist and surgeon, and forever settle that disputed point. It is to be regretted that we have no place for the reception and preservation of such rare specimens.

It was my purpose to have called the attention of the Society, for its action, to the subject of Criminal Abortion, but having just learned that a report, and a paper accompanying it, will be read before you at an early day, I feel that any extended remarks on the subject at this time are unnecessary. From the source from

which it emanates, we may expect an able paper. Some well considered plan, something real, positive and practical, for checking the awful crime of child-murder is wanted. It is well known to the profession, and too well known, I fear, to the community at large, that there are persons who, for a price, are willing to commit this crime, and have the audacity to call themselves physicians. No one worthy of the name, but looks upon it as murder, and regards it with feelings of the deepest abhorrence.

Thanking you again, gentlemen, for electing me your presiding officer, it will be my endeavor to discharge the duties without prejudice or partiality.

On motion of Dr. LEHMAN WELLS, the address was ordered to be published.

EDITORIAL DEPARTMENT.

Periscope.

About Rachitis.

From the German of Dr. BOHN, translated by Dr. M. PFLAUM, of Pittsburgh, Pa.

I. An uncommon form of congenital rachitis.

The writer observed three children of healthy parents, though living under very unfavorable hygienic influences, which children suffered from a peculiar disease spread over the largest part of the skeleton which like a kind of perostitis had befallen the diaphyses of the long bones, the upper and lower third in nearly circumscribed hearths. The swelling of the bones appeared one after the other in separate attacks with general fever and symptoms of local irritation, and led gradually to a softness and brittleness, which consequently caused a total deformity of the skeleton. This affection differs from common rachitis by the absolute immunity of the heads of the bones; it seems to be of congenital origin, for one of the children, the writer was told, had at its birth already a tumefaction of the upper extremities. In the two other cases the symptoms appeared in the first weeks of life. A hereditary predisposition is improbable, as a fourth child of the same parents did not suffer at all from the disease, nor any one of the family had ever had a similar affection. The writer thinks that the cause is perhaps to be sought for in a faulty nutrition, caused by abnormal placental relations. In one of the cases the swelling of the bones were very beneficially influenced by the use of cod-liver oil and aromatic

II. *Acute Rachitis.* By this the writer means certain rare cases, which are characterized by rapid tumefaction of the epiphyses under violent pains of the joints, diarrhoea, ulcerous stomatitis and rapid emaciation, with complete convalescence in the course of several months. The disease appears in the first half of the second year after birth, in winter or in the early part of spring. Defective nutrition or bad nursing cannot be referred to as causes; but after the cessation of the disease there was in every case observed a disproportionate growth in length. According to this it seems that the disease is caused by an excessive increase of cartilage cells in the epiphyses, the excessive blastema produced not being readily enough transformed into osseous substance; with the finally accomplished ossification the process is finished, and the result of the disease is the considerably grown bone. In accordance to this, the disease should be treated in such a way as to promote the ossification by proper care; and to guard off crookedness of the limbs, they would be supported by an appropriate apparatus. For the diarrhoea were administered successfully tincture of iron and lime water, for the stomatitis chlorate of potash.

III. *Rachitis and Dentition.* Rachitis retards dentition, because the teeth are more than any other part of the skeleton influenced by any disorder of the constitution, which injures ossification. The abnormal prolongation of the pauses of dentition (for the incisor teeth more than one, for the other more than two months in average,) is often the first symptom of the commencing rachitis, and ought to be an indication to direct the nutrition of the child in time into the right way.

About the Cause of the Lowering of the Temperature and the other Symptoms produced by the Suppression of the Perspiration.

By Dr. LASCHKEWITSON, Translated from the German by Dr. M. PFLAUM.

The injurious results of varnishing the skin are, as is well known, decrease of the temperature of the body, restlessness, violent tremor, at first accelerated breathing and increased frequency of the pulse, which afterwards gradually decrease, appearance of albumen in urine, and finally death, which according to the size of the animals experimented with, appears sooner or later; the bigger the animal the later its death. As cause of these phenomena it was supposed that a substance which was normally secreted by the skin was retained in the body by the suppressed perspiration and produced those phenomena. Especially an adherent to this

doctrine was EDENHURZEN, who thought this substance was a volatile organic alkali. The phenomena referred to have also been brought into relation with the fatal result of extensive combustions. But the latter process is so complicated that it cannot be identified with the suppression of the cutaneous secretion.

Against the explanation of EDENHURZEN, the writer maintains that the said alkali is also demonstrable in animals, which are in the normal state and not varnished, and that it is developed with different intensity in the different parts of the skin. EDENHURZEN considered the alkali as something which was developed by the process of varnishing; he demonstrated it in such portions of the skin of the varnished animals, which were incidentally not touched by the varnish. Another objection against EDENHURZEN's explanation is, that the writer could not find anything abnormal in the blood of those animals which had died from the fatal effect of the varnishing, and that such blood injected into the veins of other animals had no injurious effect on them.

Also the opinion of GERLACH and other older authors, that the suppression of the perspiration produces death by asphyxia is not correct. Of how little influence the perspiration is in this respect, the writer convinced himself by experiments, in which animals remained without any bad effect during six hours and more in a hydrogen or carbonic acid gas atmosphere, their lungs remaining in connection with the atmospheric air by means of a cap pulled over the mouth.

The writer now says, that the true cause of the phenomena, mentioned above, is the cooling off, which appears in consequence of the dilatation of the vessels of the skin. A small part of the skin when varnished over appear to be warmer than other parts not varnished, but it cools off quicker by the lower temperature of the surrounding air. If two animals of pretty near the same size, of which one is varnished over, be brought into a calorific meter, the varnished one cools off more and gives more warmth to the water than the other. Whereas animals which, immediately after the varnishing is over, be enveloped in cotton, show nothing abnormal. These experiments correspond with similar ones made by TSCHERNISCHIN, who experimented on animals to see the effect of cutting across the spinal marrow. In his experiments appeared quite analogous phenomena produced by the increased loss of warmth in consequence of the dilatation of the vessels. With this explanation accords also the fact already set off by SCHIFF and VALENTIN, that varnished animals do not show any morbid

symptoms in high temperatures; and further is herewith explained, why smaller animals suffer more than larger ones, as the former lose more warmth by the relatively larger surface; and finally, that the symptoms appear the slower, the smaller the part of the skin is which is varnished over.

The considerable dilatation of the vessels of the skin under the varnished parts has been observed by all the authors on this subject, who made a post mortem examination of animals which had died from the effect of the varnishing. Whether this dilatation be a paralysis of the vessels brought about by direct influence or by reflex action, must remain doubtful.

Statistics of Insanity.

TIGGES and KASTER, of the Westphalian Provincial Insane Asylum, at Marsberg, give some valuable statistics on the subject of insanity. (*Centralblatt für die Med. Wissenschaften*, No. 33, 1868.)

In regard to the patients who were admitted into the above institution, the following particulars of their condition previous to the invasion of the disease were obtained:

1st Class. Of good natural gifts.

2d Class. Abnormalities of mind and temperament; excitability, instability, extravagance, moral obliquities, etc.

3d Class. Mediocrity, and weakness of intellect, without other remarkable peculiarities.

4th Class. Remarkable abnormalities of mind, character, and habits; in these individuals the predisposition is very strong.

5th Class includes 62 to 77-100 of the cases; and in these unreliable, or deficient previous histories were obtained.

Conclusion. By far the greater number of the insane who have a hereditary predisposition, do not give such evidences of the approaching malady as may be ascribed to their original tendency. But the four first classes make themselves more felt in the case of those who inherit the infirmity than in others.

The proportion of cures diminishes from the 1st to the 4th classes; in the first class the non-hereditary cases predominate; in the others, particularly the 4th, the hereditary. There are differences in degree when the inheritance comes from both sides, one side, or indirectly; and the insane, more than those laboring under other nervous disorders, transmit an unfavorable condition to their descendants.

Classes 2d and 4th show intellectual weakness less; and, taking into consideration their mental

deficiencies, afford a good prospect; they give a larger per centage of cures, but a larger number of insane brothers, sisters, and immediate relatives.

When insanity has existed for two or three generations, many peculiarities of heritability are developed in a higher degree. There is greater degeneration of the descendants, (classes 2d, 3d, and 4th, particularly the latter), greater tendency to recovery, less to a fatal termination; and there is a tendency to the development of the affections during the early years of life.

Age. When we examine the ages of all those admitted, we find that 30 to 40 years is the predominating age; and that in the early years of life males outnumber females.

But when epileptics and idiots are excluded from the tables, we find the most frequent age of first attacks to be 21 to 25 years; as we descend in the number of years a gradual decrease is observed, but 15 to 20 years stand third in point of frequency. Before the age of 35 years males are in the majority, after that females.

The psychical causes which dispose to insanity are not easily reduced to figures. Those organic processes, on which the necessities of the inner life of the individual depend, which attend the male's entrance into a state of spiritual and bodily development, and the female's exit out of the same, are our limit. In those hereditarily predisposed, the whole development of the disease is accelerated; it comes to an outbreak sooner, and arrives at an end sooner.

Duration in cases of Cure. Cured in six months 45-100, in one year 37-100, over one year 18-100 of all the cures.

In females there is greater curability than in males for the longer periods of duration. In them the average duration was nearly nine months; and it is greater in the male cases. In proportion to the previous duration of the disease, cures diminish in number. The sexes compare in this as in the above, with regard to frequency of cure, etc.

Use of Carbolic Acid.

According to the *Medical Times and Gazette*, the experience of the Liverpool Royal Infirmary with the strong carbolic acid and carbolic acid putty in the treatment of compound fractures has been most unfavorable, but in large suppurating surfaces, such as joints, stumps, chronic abscesses, the use of carbolic acid has resulted in a great diminution in the number of cases of pyæmia. When the latter disease does occur, the sulphite of soda has had very good effects.

Two drachms a day are given of it, in two pints of strong beef-tea.

Southern Hospitals.

Dr. A. L. MACKAYE, L. R. C. S. E., writes to the *London Lancet* in reply to some strictures by one of its contributors.

Deputy Inspector General Gordon is hardly justified in making the sweeping statement he does about American general hospitals. That he has grounds for his statement I know; but, as published, a reader would naturally apply it to our hospitals as well as to those of the enemy. I cannot answer for more than two of the armies of the Confederacy, those of Tennessee and the department of the South-West, since I was alone connected with them; but I do most decidedly in this case repudiate the notion that their general hospitals were inefficient, or so badly conducted that a man was better left on the roadside than sent to them. That we had general hospitals of very different degrees of efficiency I know; but the faults, easily pointed out in many whose circumstances I can recall, were not due to the system of general hospitals, but to causes which would alike render inefficient a regimental hospital. I have never seen finer nor more admirably managed hospitals than some general ones in the Confederacy, and the secret of their success was that the whole control of them was in the hands of the medical department. I have fair grounds to estimate them comparatively on. I know the great naval hospitals at Malta, the Cape, and Jamaica, the civil hospitals in Calcutta, those of Paris, the model hospital of the Bethany in Berlin, that at Zurich, as well as our home establishments, not only in London, but in the provinces, and, withal, I must give the palm to one hospital, a general hospital in Mobile. The hospital Canty there, under the charge of, I believe, a Bartholomew's man, Dr. W. HENDERSON, struck me as without exception to leave nothing to be desired in hospital wards. The hospitals at the general hospital post at Griffin, Ga., again, were admirable—a fact they were indebted to for the first rate administrative tact, skill, and union of the *suaviter* with the *fortiter* found in their chief, the surgeon of the Post, Dr. ROBERT FOSTER, of Nashville, and that they, with all the other general hospitals of the army of Tennessee, were, in their supplies and comforts, under the uncontrolled regulation of an unrivalled medical intendent, Dr. G. S. BLACKIE, a graduation medalist of Edinburgh, (1855). Upon the whole, speaking of the enormous system of general hospitals attached to the armies of Ten-

nesses and the South-west, a fanatic believer in general hospitals could easily prove his case. I may here state, in corroboration of the well-known pre-eminence of naval surgeons under all flags as hospital managers and organizers, that the head of the medical arrangements of the army of the South-west was Dr. R. HEUSTISS, an ex-United States navy man. The finest field hospital I have ever seen was that organized by him for the division Breckenridge, of which he was then P. M. O., when we went to join the relieving column for Vicksburg.

Curious Case of Toxicomania.

There has been recently an octavo brochure of eighty-eight pages published at Geneva, by LELIEVRE et FILS, entitled "*Compte-rendu des Débats de l'Affaire de l'Accusée Jeanneret.*" It is the report of a trial which ranks high among all the *causes célèbres* on record, whether we regard it from a legal point of view or as a problem of medical psychology.

From a summary of it in the N. Y. *Nation* we learn that the heroine—for such she is in the corrupt literature of our day—was a Swiss nurse, who took advantage of her professional position to administer poison to the sick persons confided to her care, from the effects of which seven of them died. In the perpetration of this monotonous series of diabolical crimes Marie Jeanneret does not seem to have been animated either by animosity or cupidity. On the contrary, she always showed the warmest affection towards her victims, and nursed them with tender and untiring devotion; nor did she derive the least pecuniary benefit from their death. Neither the conduct of the accused after her arrest nor the testimony of physicians and *experts aliénistes* furnished any evidence of insanity. The monomaniac usually acts impulsively; but Mlle. Jeanneret always manifested the coolest premeditation and imperturbableness, never exhibiting any hesitation or confusion, or indeed the slightest symptom of hallucination, but answering with the greatest clearness and presence of mind every question put by the president of the court. Even M. TURRETINI, the prosecuting attorney, in presenting the case to the jury, was at a loss to know on what grounds to urge the conviction of the accused, and after exhausting the usual category of hypotheses and showing the inadequacy of each, was obliged to seek a motive in *l'espèce de volupté qu'elle éprouverait à commettre un crime*, or what, in the less elegant but more vigorous vernacular of the West, would be called "pure cussedness." In fact, the conduct of

Marie Jeanneret seems more like the working of some malignant and irresistible force in nature, or the relentless operation of a destructive machine, than the voluntary action of a free and responsible agent. M. ZURLINDEN, the counsel for the defendant, dwelt with emphasis upon this mysterious phase of the subject, and thus saved his client from the scaffold. The trial ended on the 26th of November. The jury, after five hours' deliberation, rendered a verdict of "Guilty, with extenuating circumstances;" as the result of which Marie Jeanneret was sentenced to twenty years of hard labor (*travaux forcés*). Our own theory of the case, says the *Nation*, as derived from a careful study of the evidence, is that Marie Jeanneret was infatuated with poisons, partly by watching the effect which they produced on her own system (for she never hesitated to take herself what she administered to others, the only difference being that, like Mithridates, she had become by habit proof against their venom), and partly by reading about them in medical and botanical works, to the study of which she was passionately devoted. She also attempted analyses of these substances, and in one instance was severely burned by the bursting of a crucible in which she was endeavoring to obtain atropine from *atropa belladonna*. It was with atropine that she destroyed most of her victims.

Dr. Jobert (de Lamballe.)

This distinguished surgeon was the subject of an eulogium by Prof. RICHER at the anniversary of the French Medical Faculty, partly reported in the London *Med. Times and Gazette*.

He confessed that it was a life he would not have meddled with, had a choice been left him. NATALIS GUILLOT, another deceased Professor of the Faculty, had left injunctions that his memory should not be thus celebrated, while accounts of the career of VELPEAU and JARJAY are reserved apparently for others, since M. RICHER's colleagues decided that JOBERT should fall to his lot. After an attentive perusal of his writings, and a consideration of his career, he has come to the conclusion that he was a great deal better than his reputation. That might easily be so. Certainly, his career was a remarkable one, even among the remarkable careers of so many of the French celebrities. Born on a straw pallet, through which his mother said she felt the damp ground, supplied with scarcely any education at all, existing during his *internat* at St. Louis upon next to nothing, we find him, having gained the post of *agrégé* in 1830, suddenly shoot

ing into prosperity and celebrity, post after post falling to his share. It is true that he was devoured by an insatiable ambition, and had to undergo many mortifications in consequence. His failure to obtain the chair of DUPUYTREN irritated him greatly, and it was not till after the abolition of the *concours*, that he obtained admission into the Faculty. His practice was immense, and, as he charged very high fees, the amount of money he accumulated was enormous—uselessly accumulated, we may say—for, having separated early from his wife, (who prophesied the termination of his days in a lunatic asylum,) he lived a wretched, lonely, and friendless life, and, save in occasional and eccentric acts of charity, benefiting no one by what he had gained. He died a millionaire without a will, and after his death, notes, silver, and gold were found in his house in profusion, the inventory amounting to some 650,000 francs, many letters containing large sums never having been even opened. In his professional relations he was equally unsatisfactory, his treatment of patients, pupils, and *confrères* being always capricious and sometimes brutal. However, we must not, in criticising his career, forget its disastrous termination in an asylum, the probability being that much of the eccentricity, and even some of the success in life was due to disease. M. RICHER passed over his defects kindly and considerately; but in reference to his surgical merits, we are inclined to think he has taken a somewhat more favorable view than posterity will ratify. This portion of the eulogium is almost an anatomical demonstration, not, however, altogether ill-suited to the audience to which it was addressed. That he was a most skilful operator, and did much to advance plastic surgery, there can be no doubt; but, in the words of SIGNOR FUMAGALLI, a less partial biographer than M. RICHER, he was rather an industrious artist than a scientific surgeon.

— An apparatus for giving an alarm in case of the presence of carbonic oxide or coal gas in a room, it is reported, has recently been invented by a Prussian. It consists of a galvanic battery with a bell and a glass tube filled with liquid chloride of palladium. This metallic salt is extremely sensitive to the pressure of carbonic oxide gas. A small quantity of the gas will at once throw down some of the metal from the solution, and this precipitate collecting in the bottom of the tube, at once establishes a connection in the current of electricity, and the violent ringing of the bell will warn the sleeper of his danger.

Reviews and Book Notices.

NOTES ON BOOKS.

The Annual Report of the Commissioner of Pensions for 1868 contains a full list of pension surgeons in the United States, which renders it quite useful for reference. It does not contain any such stricture on examiners as last year, and we hope, therefore, they did good.

The Introductory Address of Dr. T. PARVIN in the Medical College of Ohio last October, has been published by request of the class. Its topic is "The Subjective Utility of Medicine," and it is treated with that thoroughness and ease of style which are characteristic of Dr. PARVIN.

Another pamphlet from the same State is before us. It is by a well known contributor to the *Reporter*, Dr. Z. C. McELROY, of Zanesville. The subject is, "The Dynamics, Principles, and Philosophy of Organic Life: an effort to obtain definite conceptions of how do medicines produce their effects?" It is an address originally delivered before the Muskingum County Medical Society. The views which the author has from time to time expressed in shorter articles are here more fully elaborated, and deserve to attract the attention, as no doubt they will, of the thinking minds of the profession.

"The Probe; an inquiry into the use of Stimulants and Narcotics, the social evils resulting therefrom, and methods of reform and cure," is the title of a new serial upon our table. It is proposed to be issued quarterly from the Sanitarium, Media, Pa., for \$1.00 a year. The editor is Dr. JOSEPH PARRISH, whose experience and skill in the treatment of this class of patients is a guarantee of its value.

An interesting obstetrical pamphlet comes to us from Louisville, Ky.—"Joined Twins; the Obstetrical and Surgical Management, with Remarks," by Dr. A. B. Cook, Professor of Surgery in the Kentucky Medical School. It is embellished with a lithographic plate, and has a number of curious details about the case reported, and others similar.

The *Physician's Dose and Symptom Book*, containing the Doses and Uses of all the Principal Articles of the *Materia Medica* and Official Preparations. By JOSEPH H. WYTHES, A. M., M. D. Eighth Edition. Philadelphia: LINDSAY & BLAKISTON. 1868. 1 vol., 12mo., pp. 263. Price \$1.00.

Frequently the busy practitioner finds it extremely convenient to have some such pocket manual as this, not so much to teach him what he does not know, as to keep well before his

mind what he does know, but cannot at all times recall. When one is at a loss, as one often is, for a medicine of a certain character, it saves some beating of brains to have such a dose-book as this. It has not only doses, but contains a table of weights and measures, rules for prescribing, abbreviations allowed in prescriptions, poisons, and antidotes, a pharmaceutical arrangement, a symptomatology, and an outline of therapeutics. It is handy in size, can readily be carried in the pocket, and if it wanted any other recommendation, it is found in the fact that the copy before us is the eighth edition.

Pronouncing Medical Lexicon: Containing the Correct Pronunciation and Definition of Terms used in Medicine and the Collateral Sciences. With Addenda. By C. H. CLEVELAND, M. D. Eleventh edition. Philadelphia: LINDSAY & BLAKISTON. 1 vol., 12mo., pp. 302. Price \$1.25.

Here is another book that needs no praise, and is vulnerable to no criticism. What has a reviewer, especially of medical books, to say when he sees "eleventh edition" on the title-page? He has to be extremely discreet at any rate in his criticisms.

For a pocket lexicon, we know of none better than this, though pocket lexicons are not our admiration. They savor too much of the *haud multum sed multa*. Nor do we take kindly to the "American phonetic alphabet" which Dr. CLEVELAND employs. It is notorious that English speaking people have a horror of learning another alphabet. And here is one of forty-three letters, looking worse than Russian, which we have to make our own. Diacritical marks serve the purpose of WEBSTER and WORCESTER, and we believe they could Dr. CLEVELAND also. Moreover, the proof has not been read quite as carefully as we have a right to expect in an eleventh edition. Unless Dr. C. is original in orthography, as in his phonetics, *suply*, *synonimous*, *hora vespertina* (in the evening), betray over-haste in proof-reading.

On Chronic Bronchitis, especially as Connected with the Gout, Emphysema, and Disease of the Heart. By E. HEADLAM GREENHOW, M. D., Fellow of the Royal College of Physicians. Philadelphia: LINDSAY & BLAKISTON, 1869. 1 vol., 8vo., cloth, pp. 236. Price, \$2 25.

This is a series of clinical lectures, illustrated by nearly fifty cases, which presented themselves in the wards of the Middlesex Hospital, London. Dr. GREENHOW originally published them in the *Lancet*, and very properly concluded to place them in a more available form, by collecting them into a volume. It is very handsomely

printed, on excellent paper, contrasting very decidedly in these respects with most American medical publications.

The great importance of the subject, the frequency of the disease in our climate, its rebellious character, and its liability to be mistaken for phthisis, commend it to every practitioner. It will be found carefully prepared, and filled with useful suggestions in diagnosis and treatment. We heartily commend it to our readers.

The Medical Examiner's Manual. By D. S. GLOWINGEN, M. D. C. A. PALMER, Publisher. Philadelphia. 8vo., pp. 47. Price, 75 cents.

The author of this manual aims to sum up in brief and convenient form those points to which the attention of medical examiners of Life Insurance Companies should direct particular attention. We are convinced that there is considerable carelessness, and some ignorance on the part of many examiners, and a studious perusal of this short pamphlet would be a benefit to them, and the companies for which they act.

The Use of the Laryngoscope in Diseases of the Throat; with an Essay on Hoarseness, Loss of Voice, and Stridulous Breathing, in relation to Nervo-muscular Affections of the Larynx. By MORELL MACKENZIE, M. D., London, M.R.C.P. etc., etc. Second Edition, with additions, and a chapter on the examination of the Nasal Passages, by J. SOLIS COHEN, M. D., author of "Inhalation," etc. With two lithographic plates, and fifty-one illustrations on wood. Philadelphia: LINDSAY & BLAKISTON, 1869. 1 vol., 8vo., cloth, pp. 289. Price, \$3.00.

Dr. MACKENZIE'S work has met with great favor in England, and its republication in this country, especially under the editorial supervision of so competent a laryngoscopist as Dr. COHEN, will be welcomed by very many students; and in this new branch of science we are all students.

The book opens with a history of laryngoscopic discovery, and a description of the instrument, with the method of applying it. Special difficulties are carefully mentioned, and how they may be avoided. The healthy larynx is then studied, and the accessory instruments, and more delicate manipulations. The applications most frequently employed, the operations on the larynx, and the manipulation of laryngeal instruments are then treated of in separate chapters.

The additions by Dr. COHEN are descriptions of the best instruments employed in this country, and explanations of the methods adopted in the examination of the nasal passages. They add materially to the value of the book to the American physician.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 30, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE REFORM IN MEDICAL EDUCATION.

We have already more than once referred to the result of the Committee on Medical Education that met nigh two years ago at Cincinnati, not exactly as another example of the Horatian apothegm, *Parturiunt montes*, etc.,—the proverb is something musty,—but as certainly of disappointing effectiveness. We are jogging along in the old rut, and hardly an effort made to improve. There was a loud cry, but we have seen remarkably little wool.

The circular of the Committee was duly sent by course of mail, we believe, with what answer in most cases we know not. But in one case the answer is before us. It is from the Medical Department of Yale College and contains a number of points worth reflecting upon carefully.

The reply calls attention to the historical fact that in 1827 the Connecticut Medical Society sent representatives to a Convention of Delegates from Medical Societies and Colleges, held at Northampton pursuant to a call issued by the Medical Society of Vermont, for the purpose of devising plans for elevating the character of Medical Education. After discussing the various "subjects" which had been suggested by the circular of the Vermont Society, and such as were proposed by members of the Convention, certain regulations were adopted, providing for making known to the several Medical Colleges and Societies of the United States, the results of their deliberations, and for their ratification of them.

Each candidate for a license to practice, or for the degree of Doctor of Medicine, was required to present satisfactory evidence that he had received from some respectable College the degree of Bachelor of Arts; or, that previous to

the commencement of his professional studies, he had acquired a good English education, and such knowledge of the Latin language as to enable him to read with facility the *Æneid* of Virgil, and the Select Oration of Cicero; and that he had also obtained a good acquaintance with the principles of Geometry and Natural Philosophy. Graduates of Colleges should attend three, others four years. This scheme was adopted and honestly pursued until 1832, when the Medical Department of Yale, finding that every other Medical College which had agreed to adopt the same curriculum had apostatized and gone back to the old courses, and that it was rapidly losing its students, formally altered the term of study to that previously existing.

For these reasons the Yale school answers in the negative the first and third questions of the Committee on Medical Education, which questions were the following.

"1st. Do your Faculty, together with the governing authority of your College, approve of the several propositions as a whole?" (referring to the plan of education agreed upon at Cincinnati.)

"3d. If you approve of the plan as a whole, or of all its essential features, will your College be ready to adopt it practically, and issue your Annual Announcement for the College term of 1868-9, in accordance therewith; provided all the principle Medical Colleges in this country (or at least those in the cities of Boston, New York, Philadelphia, Baltimore, Richmond, Charleston, New Orleans, Louisville, Cincinnati, St. Louis, Chicago, Buffalo, and Albany,) will agree to do the same at the same time?"

We confess to an inability to perceive why if an acknowledged good move is made, and is unsuccessful, why that ill-success affords any reason for not trying it again, particularly in a matter of this kind when some 40 years had intervened. Certainly times are so altered that there is much greater hope of a higher standard being maintained now than then; and now we have an American Medical Association to give unity and stability to the enterprise. This part of the reply is eminently unsatisfactory and incomplete.

In reference to the second question of the Committee which was,

"2d. If you do not approve of the plan of revision, as a whole, what changes would you suggest?"

The Committee of the Faculty are ready with several suggestions showing how easy it is to give or to listen to good advice, and how hard it is to follow it. It urges preparatory education, daily text-book recitations, and regular study. It recalls the fact that "many years ago" the

Connecticut Medical Society resolved that no young man should be allowed to study medicine until he had passed an examination about as thorough as that required to enter the Freshman Class of Yale College, which resolution "soon became and still remains inoperative."

We are told that the Yale Medical Faculty have it "in contemplation, at no distant day, to perfect plans already in process of completion, by which the Medical Sciences will be taught here, as the other sciences are taught, to graded classes, by daily text-book recitations and lectures, throughout the Academic year."

This very indefinite promise is what we must rest contented with from the Yale Medical school. But the Committee of the Faculty conclude with another argument, a sort of Parthian arrow, which we report in full.

"In a democratic country like ours, where educational interests are in no sense fostered or controlled by a central government, and where the quality of education, as of other things, is regulated by the public demands, the attempt to bring all medical colleges to adopt the same greatly advanced and prolonged course of study, and to compel all students to come up to that standard, before the public mind is sufficiently educated to appreciate and demand it, is in our judgment premature, and not likely to prove successful."

In other words, until the public can learn to distinguish between an ignorant quack and a modest physician of merit, it is premature to insist that medical men should be as well educated here as they are in *monarchical countries*! When medical professors thus speak, *Quis custodiat ipsos custodes?*

But the conclusion to this document is its most remarkable portion. Here it is:

"While, for these and other reasons, the Faculty deem it inexpedient to adopt, at present, the recommendations of the Convention, they will be prepared to give them a favorable consideration, and to adopt them, so far as our circumstances will allow, whenever they are adopted, and faithfully adhered to, as the uniform and settled practice of the leading Medical Colleges of this country."

Having first said these recommendations were not new, which may very well be; then that they were not practicable, they profess a willingness to adopt them substantially when adopted and adhered to by the leading medical colleges of the country. Now the proposition was for Yale to adopt them *only* if the others did so simultaneously, and of course in good faith. Either this last offer contains an undignified innuendo, or it is in direct contradiction to the spirit of the whole reply. In either case it is not what should proceed from Yale College.

DR. USHER PARSONS.

This eminent and venerable member of our profession died last month at his home in Rhode Island. His long and prominent services both as an author, an officer, and a physician, entitle him to more than a passing notice. For the following sketch of his life we are indebted to Dr. SNOW, of Providence.

Dr. PARSONS was the youngest son of a farmer and pioneer settler of Alfred, Maine, and was born in that town, Aug. 18th, 1788. He became interested in the study of medicine at an early age, partly through attending a course of lectures given by a Scotchman, Dr. RAMSAY. He alternately taught school and studied medicine in and near his native village, and then spent a year at Boston, as pupil of Dr. JOHN WARREN, brother of Gen. JOSEPH WARREN. He first practiced medicine in Dover, N. H. The war of 1812 then broke out, and he received a commission as surgeon's mate. This he always remembered as a turning-point in his life, as he was then poor, and looked forward to gloomy years of waiting. He reported for service at Brooklyn, and was soon after attached to an expedition sent to the great lakes. After travelling by sail to Albany, and thence on foot to Buffalo, he served in different points as hospital surgeon, and in some minor engagements. At the battle of Lake Erie, he was the only medical officer on duty in Perry's squadron, the surgeons being sick. His services and success in and after that battle won the praise of Commodore Perry, and led to his promotion, and to his enjoying opportunities of passing much time in European waters, in the naval service. He visited in this way Gibraltar, Minorca, Tunis, Sicily, Naples, and St. Petersburg, and availed himself of leaves of absence to attend the hospitals and medical schools of Paris, London, and Edinburgh. He came to Providence, R. I., in 1822, resigning his commission in the navy. In that year he married Mary J., daughter of Rev. Dr. ABIEL HOLMES, of Cambridge, Mass. She died in 1825.

Dr. PARSONS soon rose to a very prominent position, both as physician and surgeon. He was extensively called to other towns, in consultation, and to surgical cases; and performed repeatedly most of the capital operations.

He was president of the Rhode Island Medical Society from 1837 to 1840, and honorary member of many medical societies of other States. In 1853, he was chosen first vice-president of the American Medical Association, and at the meeting in St. Louis, in 1854, he presided and deliv-

ered the opening address, in the absence of the President, Dr. KNIght, of New Haven. He held several appointments at different times as professor of medical institutions; and in Brown University was professor of anatomy, both in the undergraduate department, and in the medical school, before the advent of President WAYLAND. He gave great attention to private students in medicine, and had at different times more than fifty pupils.

He was an industrious writer on professional subjects. His first book was, "The Physician for Ships," intended to be used on ship-board as a guide to the management of diseases, in the absence of a physician. This was written in the last period of his service in the navy; it was extensively sold, and passed, with various changes through five editions. He wrote frequently for the premiums offered for medical dissertations, in Boston and in this State; and published a volume containing four successful Boylston prize essays, with one which had been highly praised and recommended for publication, though the premium was awarded to the eminent writer, Dr. CHARLES CALDWELL, of Kentucky. Dr. P. also wrote many articles in surgical journals; the first important one being a medical history of the battle of Lake Erie; and the last, a summary of his principal surgical operations.

Though relieved from the active practice of his profession for some years past by his son, who shared his office, Dr. PARSONS never lost his interest in the science of medicine. He was a regular attendant, so far as he was able, upon the State and national meetings of the profession.

Dr. PARSONS' last sickness continued two months, though he was able to be out till within two or three weeks ago. His disease was seated in the brain.

At a special meeting of the Providence Medical Association, December 21st, 1868, his death having been announced, the following preamble and resolutions were unanimously adopted:

Whereas, USHER PARSONS, M.D., a member and Ex-President of this Association, departed this life in this city, on Saturday, the 19th of December, 1868; therefore,

Resolved, That we sincerely regret the providential dispensation which has deprived us of our associate and friend; the medical profession of an honored member; and our city and State of a worthy citizen.

Resolved, That we acknowledge with gratitude that Divine Wisdom which has spared Dr. PARSONS so long to the world, and which has enabled him to accomplish so much by the practice of his profession, and by his writings for the benefit of medical science, and for the good of mankind.

Resolved, That we tender our sincere sympathies to our brother and friend, the son of the deceased, and his family in the loss they have sustained.

Resolved, That as a mark of respect to the departed, we will attend his funeral.

Resolved, That a copy of these resolutions be sent to Dr. CHARLES W. PARSONS and family, and that they be published in the daily papers of the city.

Notes and Comments.

Prepaid Postage.

We have succeeded in including the subscriptions received up to January 13th, inclusive, in the list on which we prepay postage for the current quarter. Subscribers paying hereafter, to the 1st of April, will have their postage prepaid from the beginning of the second quarter of the year, except new subscribers, who take all the numbers from the 1st of January, who will have their postage prepaid from that date.

We can only prepay postage from the commencement of each quarter.

Singular Accident.

A singular accident occurred in Lyons, Iowa, Jan. 15. A new tenant in an old house threw out among the rubbish some sticks of phosphorus prepared to coat the ends of friction matches. A school boy, about eleven years old, picked up one of the pieces and put it in his breeches pocket, and went to school. About eleven o'clock it became ignited. The teacher with commendable presence of mind immediately enveloped him in some woollen shawls and poured on water. The fire was extinguished, but the boy became comatose and was carried home in that condition. The burns were inconsiderable on his thigh and across the abdomen. He lingered until the next day and died. The teacher's hands were very badly burned in the attempt to extinguish the flames.

Synapsia.

This substance is a mixture of the meconates of morphia, codeia, and narceia. It is prepared by Dr. J. M. BIGLOW, of Detroit, and is offered as a substitute for morphia and crude opium. It is claimed to be convenient in form, uniform in strength, containing all the morphia of the opium, besides the codeia, which has a decided influence upon the ganglionic system of the upper vertebral column and pneumogastric nerve, and the narceia which spends its force on the lumbar ganglionic system, is equal in every

other respect to them. It will thus be found diffusing its sedative influence over the whole nervous system, instead of being concentrated on the brain, as is done by morphia alone. The mode of assay adopted in the preparation of Evapnia is somewhat different from that of Dr. Squibb, but the results are exactly the same, producing uniformity of strength equal to that of morphia itself.

A Ready Stethoscope.

An ordinary kerosene lamp chimney, either straight or bulging, with the base placed to the chest and the top to the ear, makes a most excellent stethoscope, quite equal in sensitiveness to the manufactured instrument.

[**Readers of the Reporter are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."**]

Correspondence.

DOMESTIC.

Case of Triplets.

EDITORS MED. AND SURG. REPORTER:

I noticed in your journal of the 19th of December, under the head of "Miscellaneous," a paragraph in regard to the case of "triplets" in this city. The case occurred in my practice, and was as follows:

Margaret Cordell, wife of John Cordell, living at 120 Cannon street, in this city, was taken with labor about 10 o'clock on the evening of November 13th, 1898. On my arrival about 11 P. M., I found on examination, the membranes distended with liquor amni, protruding between the vulva. I ruptured them, and immediately the escape of fluid was followed by the presentation of occiput. The next pain expelled this child; this having been removed, I found the woman still large, and made up my mind for a second birth. I accordingly tied the maternal end of the funis, and upon examination discovered another sac, through which I diagnosed a foot. I immediately ruptured the membranes and brought down the feet, and ended the delivery very rapidly, the child being small. Still finding the abdomen maintaining considerable size, I found upon again examining another sac with a foot presenting. I proceeded again to rupture the

membrane and brought down the child by the feet, and finished the delivery. Immediately afterwards a small after-birth came away, and about 20 minutes after, the larger one with two cords attached. There were three distinct amnions. Following this I was surprised, though the uterus contracted well underneath my hand placed on the abdominal wall, that profuse hemorrhage continued—with the protrusion of a soft mass through the "vulva,"—this I tried to reduce a number of times, but without success. I finally got a light and discovered that I had partial inversion of the uterus, and that the flooding which was quite severe came from the sinuses, which were plainly exposed to view. I tried again to reduce but it would not return. I then tried pressure and cold water, but without avail. I finally saturated a cloth with Squibb's solution "ferri per sulph." and placed it on the bleeding mass, and succeeded in stopping the hemorrhage. The mass receded of itself in about $\frac{1}{2}$ of an hour's time. The loss of blood was so great that the patient became pulseless, and was rallied only by the free administration of brandy together with f.5j of tinct. opii, (good) every 15 minutes, which dose I repeated four times with a very happy effect, the three first produced the most unusual excitement, and after the last the patient went off into a quiet slumber for some three hours. She continued to improve, and was yesterday, when I went in to see her, working hard endeavoring to attend to her progeny. In regard to names, they have been baptized Margaret, Eliza, and Catharine, not "FAITH, HOPE, and CHARITY," as D. E. McSWENNY, M. D., New York City.

Starling Medical College.

EDITORS MEDICAL AND SURGICAL REPORTER:

In the last October number of the Reporter you had the goodness to notice favorably my appointment to the chair of Puerperal Diseases and Diseases of Children in Starling Medical College. At the same time, however, you remarked that you "had supposed that College defunct." If that supposition were true, any appointment to a Professorship in it would be a doubtful compliment.

Starling Medical College has existed twenty years. Her classes have averaged one hundred students per session. She has a fine class at present. Professors S. M. SMITH, F. CARTER, JNO. HAMILTON, THEODORE WORMLEY, and S. LEVINE, have each enjoyed high reputation as teachers for many years. The two first-named gentlemen have taught in this school since its organi-

station. Prof. WORMLEY's great work, "Micro-Chemistry of Poisons," has given him an enviable reputation on both sides of the Atlantic.

With one of the finest college buildings in the country, a cabinet and museum unsurpassed in selections, a hospital of one hundred and thirty beds; to which, in clinical advantage, is added the State Prison Hospital and all the great public charities located at Columbus; with no burdensome debts, the trustees and faculty are determined that Starling Medical College shall not die; but that in the future, as in the past, the watchword shall be onward for the elevation of our profession.

Your serious belief that the undertaker had performed his last office for this institution, suggests, I think truly, that she, with many others, have not advertised to the extent they should.

THAD. A. REAMY, M. D.

Columbus, Ohio.

Facial Paralysis.

EDITORS MED. AND SURG. REPORTER:

Allow me, through your valuable journal, to report the following case, which recently came under my observation.

Charles K., a young man æt. 18, pale and slender, consulted me, Dec. 16th, 1868, in regard to his right eye, which he could not close; also that he had no use of the same side of his face and mouth.

He stated that about one week previous, he retired in the evening as well as usual, and in the morning found himself in the condition described.

On examining the case closely, I found him in good health in every other respect, having had no pain whatever.

I ordered him a mild cathartic, followed, next day, by a tonic—tr. cinchona two parts, gentian one—applying, once a day, a gentle current of the electro-galvanic battery. Also ordered the affected parts to be bathed with cold water, followed by friction, two or three times a day.

On the fourth day, there being no change for the better, while applying the battery, it occurred to my mind that there must be pressure of some kind on the facial nerve. I then examined the meatus of his right ear, and found it filled with hardened cerumen. He said he could hear nearly as well with it as the other. After syringing it with a warm solution of bi-carbonate of soda, I succeeded in removing with the forceps a large piece of very hard cerumen. Immediately after its removal, he said he felt better.

"I ordered him to continue same treatment as at first, and requested him to call the next day. Next day, when he came, I found him perfectly well."

The most remarkable feature about this case is that the cerumen was so impacted as not to interfere with his hearing, causing no pain, and at the same time, by its pressure, causing paralysis of the facial nerve or portia dura.

J. W. CRAIG, M. D.

Quincy, Illinois.

News and Miscellany.

The Medico-Forensic Society of New York.

On Wednesday evening, Jan. 20th, a number of physicians and lawyers assembled at the residence of Dr. W. S. WRIGHT, No. 42 Charlton street, and organized a new society, to be known as the "Medico-Forensic Society of New York." A constitution and by-laws were adopted, and the following-named officers elected for the ensuing year: President, JOHN BEACH, M. D.; First Vice-President, W. B. PUTNEY; Second Vice-President, WM. GIBSON; Recording Secretary, W. J. WRIGHT, M. D.; Corresponding Secretary, C. C. TERRY, M. D.; Treasurer, CHARLES K. BRIDGON. The object of the Society is to familiarize physicians and lawyers with medical jurisprudence, and to practically apply it by holding mock courts and regularly trying cases. The object of the Society is a good one, and deserves the attention of both professions. The nights of meeting are the first and third Wednesdays of each month.

A somewhat similar society was formed in New York some years ago. What has become of that?

Opium Poisoning.

Dr. J. S. BORN relates in the *British Medical Journal* a case of a man who attempted to commit suicide by swallowing two ounces of laudanum at 1 A. M. After waiting 20 minutes and not perceiving any effect from it he cut his throat, but not deeply enough to cause death. Assistance was rendered and the wound was dressed. The opium, however, was left in the stomach. At 9 P. M. the attendants noticed him become drowsy. A physician was summoned, who recognized the symptoms of the poison, and used energetic means to combat them, but he died at 4 A. M. next morning. The following deductions are offered:

1. The case would tend to overthrow the general opinion that the effects of opium must

show themselves within an hour after administration.

2. Death was protracted for a longer period than in any other case I have seen recorded.

3. The case affords room for inquiry in regard to the effect of shock postponing the action of the poison.

— Commodore MEADE, whose name was unhappily prominent some time since in relation to some family troubles, has suffered a stroke of paralysis, and his family have been sent for in haste, with the gravest anticipations. While this event will be much regretted by the friends of the family, it will effect much in explaining the cause of those events that lately distressed his friends.

Army and Navy News.

Army Changes.

The following changes since October 1, 1868, have taken place in the U. S. Army Medical Staff

PROMOTED.—Assistant Surgeon P. C. Davis, to be Surgeon, to date October 17, 1868, vice B. Randall, retired.

Assistant Surgeon James F. Weeds, to be Surgeon, to date October 27, 1868, vice L. H. Holden, retired.

APPOINTED.—Frederick W. Elbreg, Augustus W. Wiggin, Washington Mathews, William R. Steinmetz, John D. Hall, Curtis E. Munn, Ezra Woodruff, Philip F. Harvey, William H. King, Stevens G. Cowdry, John M. Dickson, Charles B. Byrne, Frank Reynolds, and Clarence Ewen, to be Assistant Surgeons, to date Nov. 16, 1868.

RETIRED.—Surgeon Burton Randall, Brevet Lieutenant-Colonel, October, 17, 1868.

Surgeon L. H. Holden, Brevet Lieutenant-Colonel, October 27, 1868.

RESIGNED.—Assistant Surgeon J. N. Randall, to date October 17, 1868.

Navy News.

List of changes, etc., in the Medical Corps of the Navy, from the week ending Jan. 23, 1869.

Surgeon W. K. Scofield, detached from the Naval Rendezvous, Boston, and placed on waiting orders.

Surgeon T. M. Potter, and Passed-Assistant Surgeon J. B. Parker, detached from Naval Rendezvous, New York, and placed on waiting orders.

Surgeon J. Beale, and Passed-Assistant Surgeon E. B. Bingham, detached from Naval Rendezvous, Philadelphia, and placed on waiting orders.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

GRUMBINE-BEAVER.—Dec. 29th, 1868, by Rev. J. Gring, H. Grumbine, M. D., and Miss Annie E., daughter of D. H. Beaver, M. D., all of Fredericksburg, Lebanon county, Pennsylvania.

WOOLSTON-HAINES.—At the La Pierre House, Philadelphia, Jan. 14th, by the Rev. Miller Jones, Dr. E. R. Woolston and Rachel L., only daughter of Joshua S. Haines, all of Marlton, N. J.

DIED.

BARNABY.—On the 5th inst., at Key West, Florida, J. B. Barnaby, M. D., late of Allegheny City, aged 43 years.

GRAY.—Jan. 21, at the residence of her son-in-law, Wellington Lee, Mrs. Amy W. Gray, widow of the late Dr. P. W. Gray, of Elmira, N. Y.

HOPKINS.—In this city, Jan. 2nd, Susan Barton, widow of the late Samuel C. Hopkins, M. D., in the 81st year of her age.

HOWARD.—At Warrensburgh, N. Y., Jan. 3d, of consumption, Mrs. Ann Rebecca Howard, wife of Dr. E. W. Howard, in the 53d year of her age.

WORDS OF CHEER.

Dr. W. B. B. Pennsylvania, says:

"Your POKET RECORD came to hand promptly, and is the best I have ever seen, and an improvement on its two predecessors of 1867 and '68."

Dr. N. H. C., New York City, says:

"The REPORTER 'is always a welcome visitor, and I can assure you that I have derived no little practical benefit from a careful perusal of its richly-freighted pages.'"

Dr. N. K. M., Ohio, says:

"I am very much obliged to you for sending the POKET RECORD so promptly, and permit me to say that it is the nicest thing that I have seen of the kind, and I have used them all at different times. I also admire the REPORTER and COMPENDIUM, and cannot do without them."

ANSWERS TO CORRESPONDENTS.

52. On the 11th inst. we received a letter without signature, post-marked Springfield, Ill., containing money. Will the sender please give us his name, and inform us the amount inclosed, and for what it was intended?

Dr. R. S. W., of Pa.—We suggest that you use a strong solution of carbolic acid in the case of uterine troubles you describe. It has effected great results in ulceration of the os, etc. The ferops were sent you.

Dr. J. C., of O.—"Dr. A. was visiting a patient daily; the friends of the patient, without the knowledge of Dr. A., called in Dr. B., who took charge of the case without seeing or consulting Dr. A. Was he right in doing so? In the above case I took the position that under no circumstances could he be justified in doing so. Was I right?" If Dr. B. knew that Dr. A. was in regular and daily attendance, he was not justified in taking the patient without seeing him or sending him some word.

METEOROLOGY.

January,	11,	12,	13,	14,	15,	16,	17.
Wind.....	N. E.	N. W.	N. W.	W.	S. W.	N.	N. W.
Weather.....	Rain.	Cl'dy.	Clear.	Clear.	Rain.	Clear.	Clear.
Depth Rain.....	1 in.				4-10		
Thermometer.....	24°	28°	27°	20°	21°	21°	29°
At 8 A. M.....	32	48	39	32	38	36	39
At 12 M.....	34	35	36	25	40	38	27
At 3 P. M.....	36	36	35	40	42	38	28
Mean.....	31.50	34.25	30.50	31.75	35.25	33.50	28.75
Barometer.....	29.9	29.7	30.1	30.	29.6	29.9	30.
At 12 M.....							
Germantown, Pa.							B. J. LEBRON.